

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
WESTERN DIVISION**

UNITED STATES OF AMERICA,

Case No. 3:22-CR-274

Plaintiff,

JUDGE KNEPP

NOTICE OF APPEAL

-vs-

AMANDA HOVANEK,

Defendant.

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Attorneys for Defendant Amanda Hovanec

Now comes Defendant Amanda Hovanec, through counsel, who gives notice of her appeal to the United States Court of Appeals, Sixth Appellate Circuit, from the decision rendered by this Court on 3 October 2024. Ms. Hovanec is indigent. A CJA23 Financial Affidavit is attached.

Respectfully Submitted,

/s/ David Klucas
David Klucas

/s/ Kenneth Bailey
Attorneys for Defendant Amanda Hovanec

Certification

This shall certify that a copy of the forgoing was sent this 14th day of October, 2024, to all counsel of record via the Court's Electronic Notification and Filing System.

/s/ David Klucas
David Klucas

CJA 23
(Rev. 11/11)**FINANCIAL AFFIDAVIT**

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES
IN THE CASE OF

DISTRICT COURT

☒ COURT OF APPEALS☐ OTHER (Specify below)

LOCATION NUMBER

U.S.A. v. Amanda Harrell

FOR

AT

Northern District of Ohio
Toledo, Ohio

PERSON REPRESENTED (Show your full name)

Amanda Harrell

- 1 ☐ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☒ Appellant
 4 ☐ Probation Violator
 5 ☐ Supervised Release Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate Judge

District Court

3:22cr274

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box--)

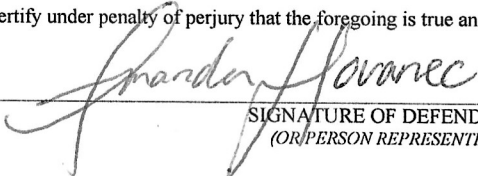
☒ Felony☐ MisdemeanorCONSPIRACY TO IMPORT A
CONTROLLED SUBSTANCE RESULTING IN DEATH
OR SERIOUS BODILY HARM

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____ If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your spouse earn per month? \$ _____ If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED SOURCES IF YES, give the amount \$ _____ received and identify the \$ _____ sources \$ _____
	CASH	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ _____
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No VALUE DESCRIPTION IF YES, give value and description for each \$ _____ \$ _____ \$ _____ \$ _____

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated or Divorced Total No. of Dependents _____ List persons you actually support and your relationship to them _____
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	DESCRIPTION TOTAL DEBT MONTHLY PAYMENT N/A \$ 0 \$ 0 \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

I certify under penalty of perjury that the foregoing is true and correct.


SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

10-6-24

Date